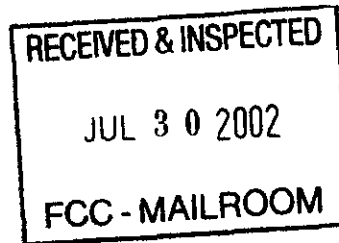


Washington
Federal Strategies

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Anne E. Linton, President

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July 19, 2002

EX PARTE OR LATE FILED

Marlene Dortch
Secretary
Federal Communications Commission
445 12th St., S.W.
Washington, D.C. 20554

Re: Ex Parte Presentation in WC Docket 02-60

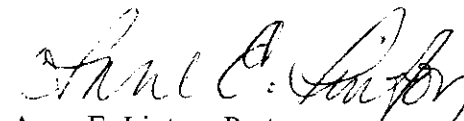
Dear Madam Secretary:

I am writing to inform you of an ex parte presentation made to Daniel Gonzalez and Kevin Hutchinson of Commissioner Kevin Martin's Office in the permit-but-disclose proceeding, See § 1.1206 of the Commission's Rules, WC Docket 02-60, *In the matter of Rural Health Care Support Mechanism*, Notice of Proposed Rule Making, FCC No. 02-122, released April 19, 2002.

I met with Messrs. Gonzalez and Hutchinson on Thursday, July 18, 2002 for one-half hour. The attached memo summarizes the substance of our conversation. I have also attached materials that were left with Commissioner Martin's staff during the course of our conversation.

If there is any additional information needed, please contact my office and we will provide it promptly.

Sincerely,


Anne E. Linton, Partner

Enclosures

Cc: Daniel Gonzalez
Kevin Hutchinson

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MEMORANDUM

To: Marlene Dortch, Secretary, Federal Communications Commission

From: Anne Linton, Partner, Washington Federal Strategies *ALL*

Re: Ex Parte Presentation in WC Docket 02-60 on July 18, 2002

Date: July 19, 2002

As required under Part 1 of the FCC's Rules, I am filing this memorandum summarizing the oral presentation that I made to Daniel Gonzalez and Kevin Hutchinson of Commissioner Kevin Martin's office in WC Docket 02-60 on July 18, 2002. I am attaching to this memo the written materials I shared with Messrs. Gonzalez and Hutchinson at that meeting.

The meeting came about at the request of Commissioner Martin's staff. I have a background in telemedicine, and the meeting was arranged to allow for a discussion of some types of telemedicine activities that were actually in use. I explained that my background leaves me in favor of telemedicine as a method of helping to provide healthcare services in areas that are rural and otherwise underserved. I also believe that technology exists that can truly bridge the gap between healthcare professionals and patients at remote sites. My other strong belief is that we must consider making it possible for mobile healthcare to use all the functionality of telemedicine, to maximize the telemedicine choices available to the public.

I was asked to cite some specific projects that provide examples of good telemedicine projects. I described the international teleradiology project at Massachusetts General Hospital – in general terms. We also discussed the three clinic network that was established by the Mayo Clinic. We discussed the fact that much of the advancement in telemedicine has taken place at institutions that have financial resources to innovate, but that much of the rest of the healthcare and telecom infrastructure has been left out.

We also discussed the fact that the University of Virginia School of Medicine is an example of an institution that has some responsibility for helping to serve rural areas, although it is in a more urban setting. We discussed the possibility that the Commissioner might tour the telemedicine facilities at the University of Virginia in Charlottesville. It is possible that such a tour may be set up, but that arrangement has not been made. I left a power point presentation, attached, which I use to describe a telemedicine project I have worked on. And, I noted that Panamsat has been overwhelmingly generous in its support of the telemedicine work I have done.

ABOUT MOBILE DIGITAL TELEMAMMOGRAPHY

This planned demonstration represents the culmination of several years of developing an innovative concept to provide high-quality breast care to women in underserved areas. These women do not have convenient access to breast cancer screening and diagnostic examinations and have shown poor compliance with screening recommendations following a mammographic examination. Now, the ability to provide better access to underserved women is due, in part, to the convergence of digital imaging, computer technology and high-speed telecommunications.

With the support of the Department of Defense and the participation of the Department of Health and Human Services, a Mobile Breast Care Center (MBCC) was designed and constructed to house the equipment needed for examinations and for transmitting the mammographic images to "centers of excellence" for interpretation and follow-up recommendations. The recent approval by the Food and Drug Administration of a digital mammography unit for clinical use was also a major factor in facilitating this demonstration. Digital imaging permits the immediate capture and transmission of the images from the MBCC to a distant medical center for interpretation, making it possible to provide the patient with the results of the examination while she is still at the MBCC. If follow-up care is necessary, nurse educators on the MBCC can make appropriate arrangements with the patient to insure prompt compliance with medical recommendations.

Over the past twenty years, studies have shown that mammography screening followed by effective counseling, diagnosis, and treatment can save the lives of women who have breast cancer. Generally, women in the US have become more aware of the need for regular mammograms to ensure early detection and treatment of breast cancer. However, for less affluent women, and especially for those living in remote parts of this country, that awareness has not been as great. Further, distance and economics have limited access to care by poorer and rural women. As a result, these poorer and rural women often learn that they have breast cancer when it is too late to treat the disease easily, if at all. The disease, treatable when detected early, becomes fatal if the diagnosis and treatment are delayed.

The demonstration is expected to show that mobile digital telemammography can increase access and improve compliance by underserved women. The keys to effective breast cancer diagnosis and treatment include: early detection, accurate interpretation of mammographic images, and prompt follow up care when necessary. The planners of this demonstration have addressed each of these elements, in an effort to reach out to women who have limited access to high quality care.

To learn more, contact Dr. Joseph N. Gitlin (301) 384-5883
jgitlin@welchlink.welch.jhu.edu or Anne Linton, Esq. (301) 951-7062 of Washington
Federal Strategies, alinton@wfsllc.biz.

RECEIVED & INSPECTED

JUL 3 0 2002

FCC - MAILROOM

Mobile Digital Tele mammography

Innovation in breast cancer screening,
using telemedicine.

Anne E. Linton, Partner
Washington Federal Strategies

Alinton@wfsllc.biz

Dept. of Commerce Expo, March 6, 2002

The background of the slide features a decorative pattern of concentric circles. There are two main groups of circles, one on the left and one on the right, each consisting of three concentric rings. These circles overlap in the center of the slide, creating a Venn-like diagram effect. The circles are thin black lines on a white background.

The Project: An Overview

- Screen women for breast cancer, and promote early diagnosis of the disease
- Ensure that women get counseling on what to do if there is a finding in the images
- Ensure that women who may not have phones get the reports on their medical conditions

The Project: Some Details

- Women need reports in real-time, so that the counseling can occur when there is a likelihood of it being more productive
- Doctors cannot get to every site, but centers of excellence can provide care to many remote locations
- Real-time transmission of images and central storage helps in the provision of care



Key Detail

- Real-time transmission of breast images:

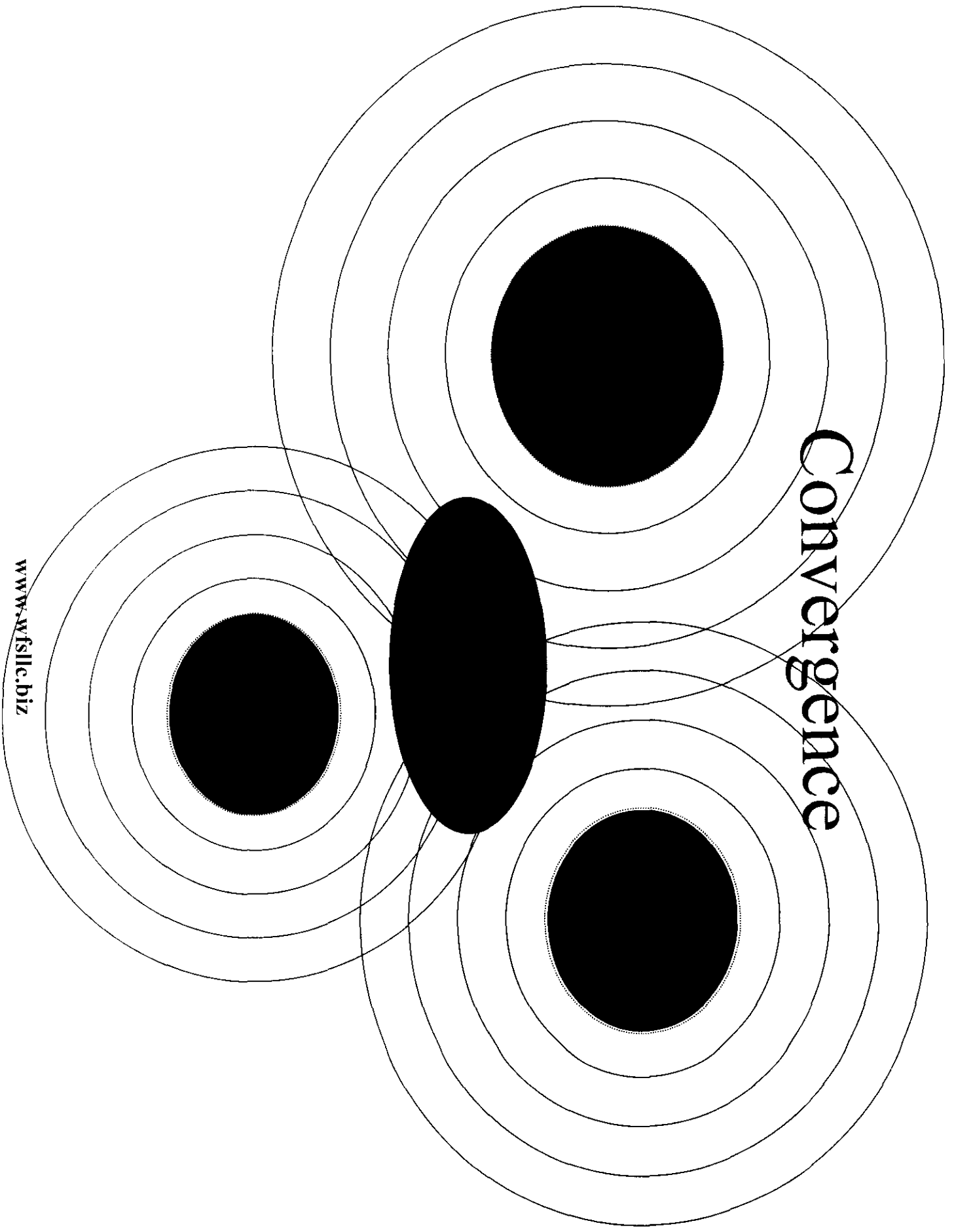
REQUIRES BROADBAND SERVICES

To move the data rich images quickly

Why wasn't this done before?

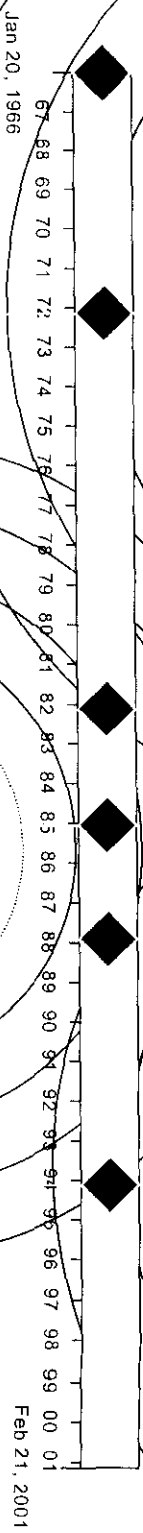
- It has never been feasible before to combine these pieces:
 - Digital imaging as the clinically recognized imaging format; digitizing films was not effective; processing films on sight was tough
 - Economically viable broadband telecommunications now make real-time transmission of images possible

Convergence

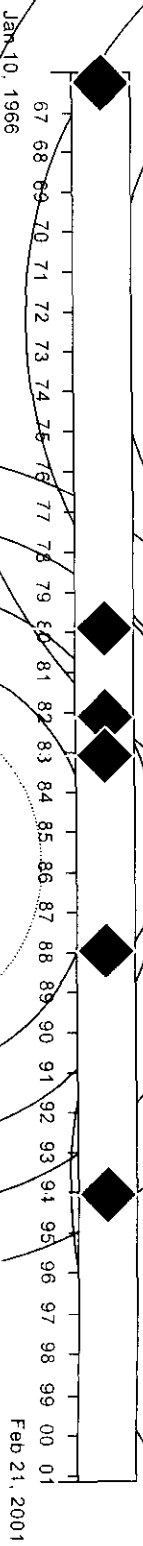


The Past is Prologue.

DIGITAL IMAGING

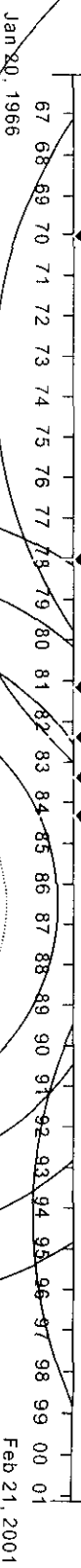


The Past is Prologue. INFORMATION TECHNOLOGY



The Past is Prologue.

TELECOMMUNICATIONS

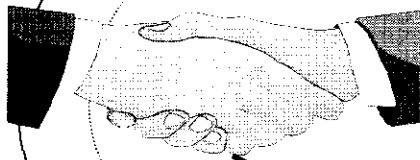




Where are we now?

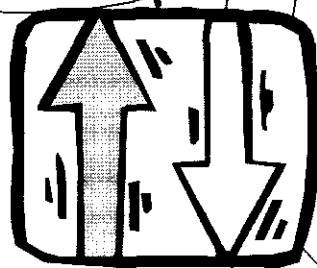
- Phase I –
 - Digital imaging unit installed in Mobile Breast Care Center
 - Engineering in Progress
 - Telecom testing plan developed
 - Patients to be screened, protocols to be fine-tuned
 - Mobile Breast Care Center sent to Arizona

The Puzzle comes together



- With agreements between health care facilities and good communications back and forth,

Technology can really help physicians provide care

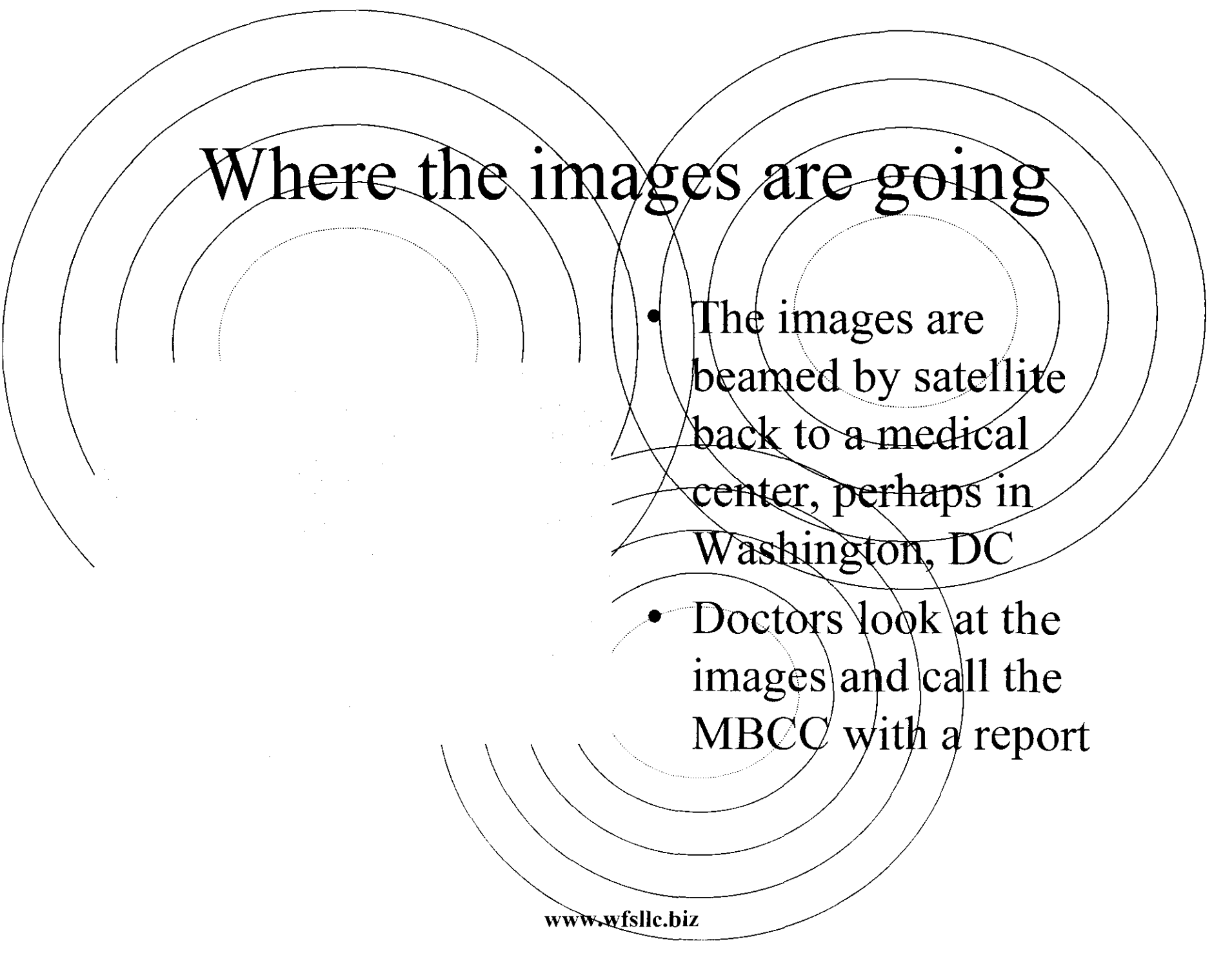


Where are we now

- Mobile Breast Care Center is on the Navajo Reservation;
- Image interpretations will be made by physicians in Tucson and at Johns Hopkins
- Images will be transmitted using broadband satellite links provided by Panamsat

Where we are going

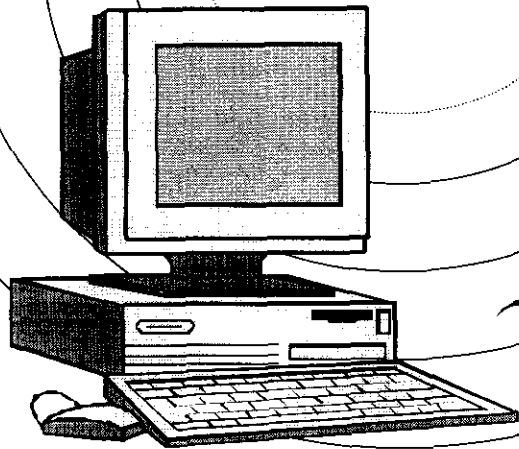
- MBCC moves out to Tuba City, Arizona
- Patients seen in remote Arizona
- Images move by satellite
- Reports returned while women are at facility – using faxes or wireless phones



Where the images are going

- The images are beamed by satellite back to a medical center, perhaps in Washington, DC
- Doctors look at the images and call the MBCC with a report

At the Medical Center



- Is that set of images here yet?
- Where is my speech recognition microphone?
- Tell the patient she is fine!



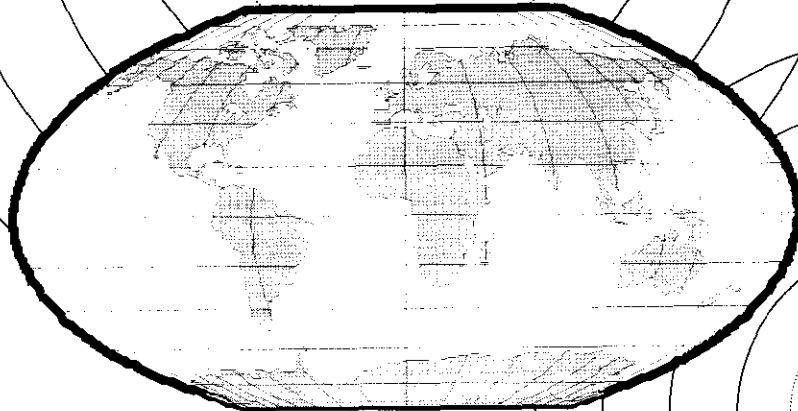
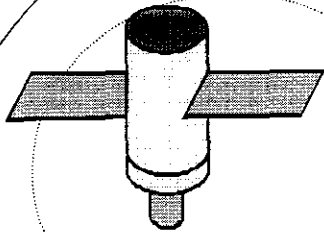
The Result

- Women in anywhere — or everywhere - can get care from excellent physicians, and geography is no longer a barrier to the delivery of certain types of quality health care

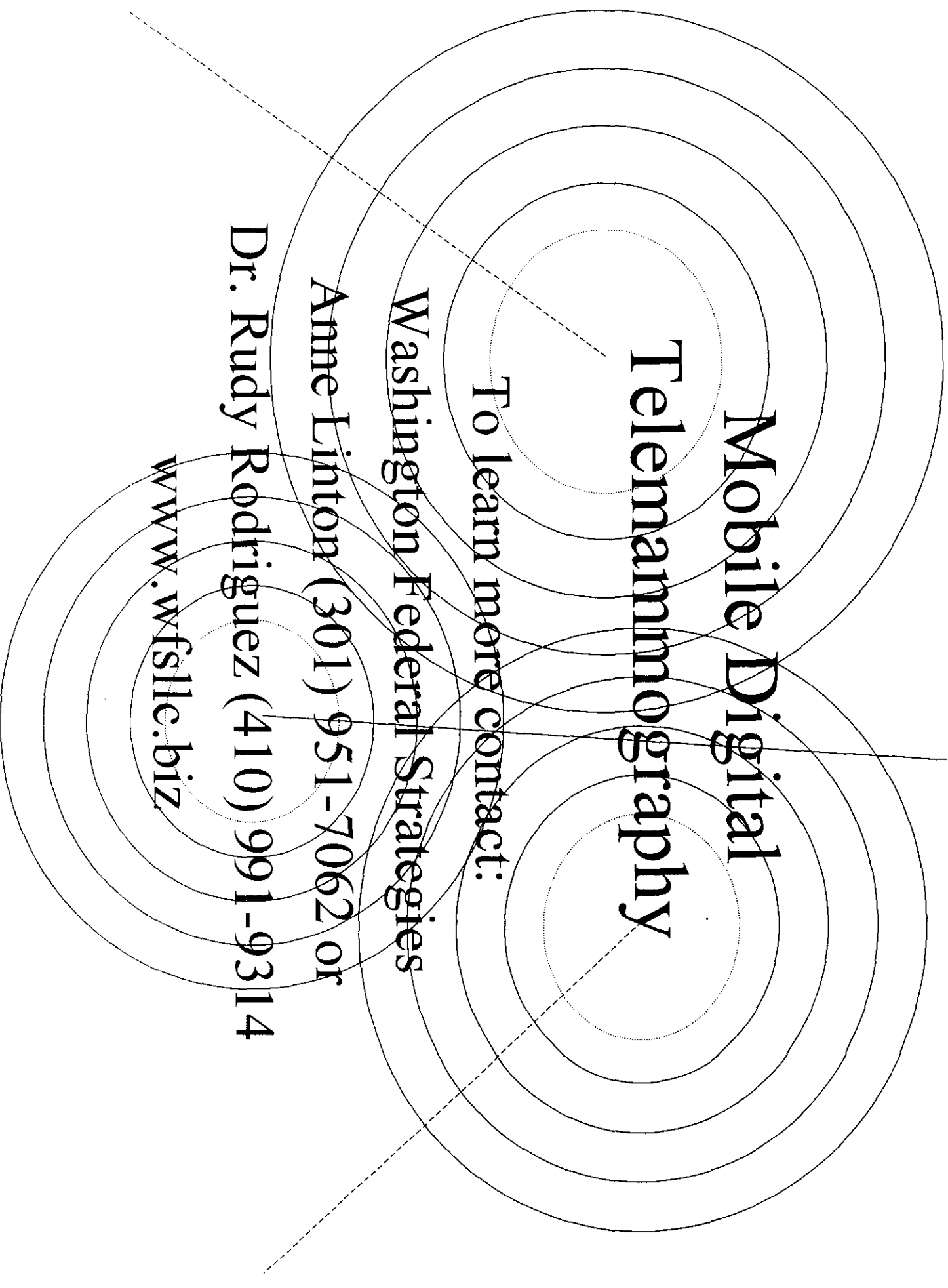
Other Telemedicine Applications

- This approach works for other health needs:
 - Screening for diabetic retinopathy
 - Screening for tuberculosis, using chest imaging
 - Screening for other diseases where medical imaging can provide key diagnostic information
- The key is: **BROADBAND** transmission of images to ensure complete and timely medical interventions

Opportunity



- With broadband satellite communications and the right medical technology, we can bring healthcare services to anyone, anywhere in the world!



Mobile Digital Telemammography

To learn more contact:

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Anne Linton (301) 951-7062 or

Dr. Rudy Rodriguez (410) 991-9314

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